

**EMS ADVISORY COUNCIL MEETING
MINUTES
April 18, 2012
Room 212 State Capitol**

Members Present: Tim Meyer, Mark Nelson, Liz Beck, Doug Anderson, Jerry Uglem, Lynn Hartman, Diane Witteman, Kari Enget, Jeff Sather, Jerry Jurena, Curt Halmrast, June Herman (10:30), Terry Ault (11:30), Marlene Miller (noon)

Members Not Present:

DoH Representatives Present: Lindsey Narloch, Mary Tello-Pool, Tom Nehring, Jan Franklund, Ed Gregoire, Kari Kuhn, Alan Aarhus

Others Present: Jim DeMell

Tim Meyer welcomed the committee and introductions were made around the table.

Approval of Minutes:

Motion to approve the March 15, 2012 minutes as written.

Motion made by Jerry Jurena.

Motion seconded by Gerald Uglem.

No further discussion; motion carried.

Tom announced that Marlene will be moving out of her current position and to a new education position at Altru. Tom would like to have her continue serving on the EMSAC.

Tom announced that Amy is leaving DEMST. He acknowledged Amy's work with the state trauma program and shared that her absence will be felt greatly.

Rural EMS Assistance Funding / Funding Areas

DEMST created an application and grant guidance. Lindsey chaired the group and Tim Wiedrich was consulted during the process. At this point the documents are being brought to the council for input. The document and process will be changed as needed after the first cycle.

DEMST received an opinion from the AGs office regarding the necessity of going through the rule process due to wording in HB 1044. The official opinion stated that this will not be necessary. There are plans for face-to-face regional meeting during the application process. Utilization of the PRS (Project Reporting System) will be a requirement of the grant.

Some items were purposely left vague to allow for funding areas to be creative and figure out what will work best for them as well as to encourage collaboration among funding areas as well as between funding areas.

There is no limit to the applied for amount, but an 'expected range' has been listed.

There was brief discussion regarding the allowance for up to \$9,000 for a medical director. The purpose of this is to encourage medical director involvement and the possibility of having a medical director for a funding area or collaborating funding areas.

DEMST will be distributing the grant application and grant guidance upon final approval through the DoH. Efforts will be made to distribute to everybody possible via website, mail, email, etc.

There was further discussion regarding the ambulance ability to match the \$10 per capital requirement. The list of motions was reviewed regarding utilizing volunteer hours as soft match. Jerry Uglem stated that it will be harder to obtain further funding in 2013 if a soft match of that nature is utilized as this was not the intent of the bill.

Motion was made: To follow the intent of law as written, in-kind donations towards \$10 per capita match may include actual expenses, not to include unpaid staffing of the ambulance.

Motion made by Jerry Jurena.

Motion seconded Doug Anderson.

No further discussion; motion carried.

After further discussion the March wording was re-iterated: 'It was clarified that volunteer labor cannot be counted as a soft match. In-kind labor such as accounting, payroll services, mechanic, janitorial, etc. can be utilized'.

The allowable limit for gas was discussed and increase to \$5,000

There was discussion regarding collaboration.

The council had moved to require MOUs; DEMST has eliminated this requirement due to use of the PRS system and the requirement of all services to sign the application.

The application will be designed to encourage collaboration between and amongst funding areas.

The council was reminded that EMSAC makes recommendations but not all recommendations / motions may be met in the application / guideline process.

All reimbursement requests will be done through the state PRS system.

There will be a required year-end report showing the impact of the funding.

Motion was made: To accept the grant guidance as discussed during 4/18/2012 meeting.

Motion made by Jerry Jurena.

Motion seconded Dr Sather.

No further discussion; motion carried.

Helmsley Project Update (SIMND)

The Helmsley Project contacted the ND DoH proposing a program similar to the SIMSD program already operational in South Dakota. <http://www.sim.sd.gov/about/> The Health Department has put together a business plan to accept \$4.5 million from the Helmsley project. A 1/3 match is required to accept this funding equaling \$1.3 million over the first three years. After this time it is the sole responsibility of the state to continue the program. Tom and the Health Department, Ken Reed, the SIM lab at UND (ND STAR), and the Hospital Association have been included in the core group for beginning discussion. UND will be administering the grant upon award.

The front of these training trucks have slide outs creating a simulated emergency department, the middle section contains the controls, with the back set up to simulate a complete ambulance. These simulators are computerized and are modifiable to cater to ALS / BLs individual training needs. Plans are for four trucks in the

state. Dr. John Allen, the medical director of the SIM lab at UND and Tom have committed to meeting with the six hospitals seeking commitment during the coming week. The program requires 12 trainers to be hired along with three coordinators.

The trucks will be expected approximately 10 months after the grant award.

Rules Discussion

33-36:

- Auto Extrication has been removed as this responsibility will be given to the NDFA. DEMST sees this as a better fit and foresee that NDFA will be more of a benefit to the auto extrication program as they have already been successful at obtaining funding for further training and updating of the program.
- I/C and CEC refresher courses have been added.
- Wording will be added required proof of employment for non-ND resident applicants for EMS licensure.
- The I/85 level has been removed with a sunset date of 3/31/2017.
- Verbiage referring to a transition course from I/85 – AEMT has been removed.
- Verbiage of AEMT level has been added.
- Verbiage has been added regarding AFAA recertification:
 - Change from 3 year to 2 year certification period.
 - Include 48 hours of continuing education.
 - 29 left in the state.
 - Discussion of sunset date for AFAA – possible 6/30/2016. This subject was revisited later and will be tabled for future discussion.
 - Ages of current AFAAs ranges from 43 - 77.
- EVOC curriculum was updated to reflect 'approved by the department'.
- In an effort to strive towards a smaller, yet more qualified instructor base a requirement has been added to maintain I/C status.
 - A minimum of one primary or refresher course must be taught every two years.

Motion was made: To accept these changes to 33-36 as discussed.

Motion made by Dr. Sather.

Motion seconded Terry Ault.

No further discussion; motion carried.

The discussion of AFAAs came up later in the meeting leading to a new motion:

Motion was made: To remove sunset date for AFAAs

Motion made by Kari Enget.

Motion seconded by Curt Halmrast.

The subject of AFAAs was tabled for future discussion.

33-11-01.1:

DEMST received an AGs opinion stating that DEMST MUST limit the issuance of EMS operations licenses. This limit must be based on the need of the public.

33-11-01.2-04

There was discussion regarding the 'poor performance' of an ambulance being documented for a year. This verbiage was changed to not include a specific time frame.

33-11-01.2-06

Verbiage regarding substations was changed to eliminate turning over of assets, but maintain the specification of not establishing a separate business structure.

33-11-01.2-10

Discussion revolved around requirements for PCR submission.

Verbiage was added to include submission of PCR to health department within 30 days and to the receiving facility within 72 hours.

There was discussion about utilizing hospitals to educate EMS in the importance of reporting. Lindsey stated that comments that she has received reveals that EMS feels that their reporting is not valued by receiving facilities.

Reporting requirements are the responsibility of the ambulance services not the billing services.

Motion was made: To approve changes in verbiage of requirements including PCR submission.

Motion made by Dr Sather.

Motion seconded Senator Uglem.

No further discussion; motion carried

33-11-01.2-14

Motion was made: To include 'c. stroke' as an allowable reason for bypassing the nearest facility.

Motion made by June Herman.

Motion seconded Dr Sather.

No further discussion; motion carried

33-11-02:

EVOC verbiage was removed stating the 7/1/2011 deadline for drivers. EVOC must be taken by all new EMS personnel within one year of joining a service.

The question was raised regarding those who are active but do not have a ND license #. ALL EMS personnel should have a ND EMS license #.

There will be a new level for industrial ambulance services with different minimum requirements than those that serve the public.

Motion was made: To accept these changes to 33-11-01 – 02 as discussed.

Motion made by Dr. Sather.

Motion seconded June Herman.

No further discussion; motion carried.

33-11-03:

There were some changes made to personnel standards for drivers and primary care providers.

Motion was made: To accept these changes to 33-11-03 as discussed.

Motion made by Lynn Hartman.

Motion seconded Curt Halmrast.

No further discussion; motion carried.

33-11-08:

Industrial services are not grant eligible.

Motion was made: To accept these changes to 33-11-08 as discussed.

Motion made by Dr Sather.

Motion seconded Curt Halmrast.

No further discussion; motion carried.

There was discussion regarding IHS services. They have not been included in grants. The general feeling has been that due to receipt of federal funding there has not been a need for state funding.

Motion was made: To include all licensed ground services in funding areas except industrial and out-of-state services.

Motion made by Marlene Miller.

Motion seconded Diane Witteman.

No further discussion; motion carried

33-11-04:

Motion was made: To include all licensed ground services in funding areas except industrial and out-of-state services.

Motion made by Dr Sather.

Motion seconded Lynn Hartman.

No further discussion; motion carried

EMSC Update

Chapter 23-46 of ND Century Code outlines the mandate and makeup of the EMS Advisory Council. Mary made the suggestion to introduce a bill to include a pediatric representative in this mandate as it is currently a federal mandate for EMSC to hold a representative on the state EMS board.

Medicaid

There was a hearing regarding Medicaid reimbursement issues relating to EMS. Curt submitted a letter of testimony.

Community Paramedic Update

Tom attended a community paramedic in Montana and shared a brief update as well as discussion of the potential ways to work this system in North Dakota. The hope is to enable legislation during the 2013 legislative session. Minnesota has passed legislation to reimburse community paramedics at 81% of the physician level.

There are plans for a large community paramedic stake holder meeting this summer.

Oil Impact Grants

Thanks to EMSA for efforts in special session to gain funding in this area.

EMS Week

Mary announced the coming EMS week and EMSC Day.

EMSAC Meetings

EMSAC meetings will change to a quarterly schedule beginning in September.

The rules will be moving forward at this point and may not be viewed again by the council. DEMST plans to increase communication with ambulance services regarding rule changes. Draft changes will be posted on the DEMST website, along with notification for comment.

Other Business

The subject of AFAA was revisited and reservations were expressed. (see previous notes / motions)

STEMI Update

Equipment has been ordered and training is taking place. Bismarck hospitals are close to getting turned on for receiving.

The stroke / STEMI conference is free and scheduled for June 14. This has been submitted for EMS continuing education credits.

Next Meeting

The next EMSAC meeting was scheduled for September 20, 2012. The meeting is expected to run from 10 – 4 and will be held in Room 210 in the J-Wing.

Rooms will be reserved at the AmericInn for council members if needed. Please contact Kari prior to September 5 if you will be needing a room.

Meeting Adjourned